

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET Substitute for Form PTO-1360 (For use with Form PTO/SB/06)							Application Number		Filing Date				
							09445837						
							Applicant(s) Anastasia Daifotis						
							* May be used for additional claims or amendments						
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT			*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend		Indep	Depend	Indep	Depend	Indep	Depend
1	1		---	---				51		1	---	---	
2		1	---	---				52		1	---	---	
3		1	---	---				53		1	1		
4		1	---	---				54					
5		1	---	---				55					
6		1	---	---				56					
7		1	---	---				57					
8		1	---	---				58					
9		1	---	---				59					
10		1	---	---				60					
11		1	---	---				61					
12		1	---	---				62					
13		1	---	---				63					
14		1	---	---				64					
15		1	---	---				65					
16		1	---	---				66					
17		1	---	---				67					
18		1	---	---				68					
19		1	---	---				69					
20		1	---	---				70					
21		1	---	---				71					
22		1	---	---				72					
23		1	---	---				73					
24		1	---	---				74					
25		1	---	---				75					
26		1	---	---				76					
27		1	---	---				77					
28		1	---	---				78					
29		1	---	---				79					
30		1	---	---				80					
31		1	---	---				81					
32		1	---	---				82					
33		1	---	---				83					
34		1	---	---				84					
35		1	---	---				85					
36		1	---	---				86					
37		1	---	---				87					
38		1	---	---				88					
39		1	---	---				89					
40		1	---	---				90					
41		1	---	---				91					
42		1	---	---				92					
43		1	---	---				93					
44		1	---	---				94					
45		1	---	---				95					
46		1	---	---				96					
47		1	---	---				97					
48		1	---	---				98					
49		1	---	---				99					
50		1	---	---				100					
Total Indep	1		1		0								
Total Depend	52		0		0								
Total Claims	53		1		0								